

MDR Tracking Number: M5-04-2852-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 05-03-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The myofascial release, ultrasound therapies, electrical stimulation and hot/cold pack therapies from 5-27-03 through 6-25-03 **were found** to be medically necessary. The office visits from 5-27-03 through 6-25-03 and the paraffin on 5-27-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 5-27-03 through 6-25-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 13th day of July 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:
MDR Tracking Number: M5-04-2852-01
Name of Patient:
Name of URA/Payer:
Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

June 24, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating

physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

Patient is a 47-year-old right-handed female senior records clerk for Southwestern Bell who, on ____, injured both her elbows and right wrist from repetitive trauma (typing). She was first treated with a medical doctor, and then changed to Dr. B who began chiropractic care, ending around March of 2001. ____ then presented herself in follow-up to Dr. B on 05/16/03, complaining of pain in the same areas. He referred her for elbow injections, and performed post-injection physical therapy.

REQUESTED SERVICE(S)

Office visits, expanded problem-focused (99213), myofascial release (97250), ultrasound therapy (97035), electrical stimulation, unattended (97014), hot/cold pack therapy (97010), and paraffin per pound (A4265) for dates of service 05/27/03 through 06/25/03.

DECISION

The myofascial release (97250), ultrasound therapies (97035), electrical stimulation (97014) and hot/cold pack therapies (97010) are all approved.

All remaining services are denied.

RATIONALE/BASIS FOR DECISION

First of all, at issue in this case is whether or not this patient's symptoms and presentation were causally related to the occupational injury of _____. According to the records submitted, this patient underwent a required medical examination (RME) on 04/09/04 by Dr. L, on referral from the carrier. In his report, Dr. L addressed this issue and opined, "Based on today's evaluation, the current medical status is related to the injury of ____."

In terms of the specific treatment rendered, the medical records included a specific referral for physical therapy from the medical doctor who performed the injections. In addition, the records adequately established that the treatment relieved the effects of the injury (pain levels went down), promoted recovery (range of

motion improved), and it enhanced the ability of the patient to remain at work (according to the records, no lost time accrued during this time due to the injury). Therefore, the treatment sufficiently met the statutory standard of care pursuant to Texas Labor Code 408.021.

Insofar as the paraffin was concerned, however, nothing in the treating doctor's records addressed the necessity of this particular modality, and the ordering medical doctor failed to specify paraffin treatments in his records. Also, in the absence of manipulation being performed by the treating doctor, neither the diagnosis nor the medical records in this case supported the medical necessity of performing an expanded problem-focused examination (99213) on every patient encounter.